



320.234.7895

13769 Pheasant Road  
Hutchinson, MN 55350

www.equulaccess.org  
info@equulaccess.org

### Volunteer Update

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Legal Guardian Name and Address (if applicable): \_\_\_\_\_

Please describe your current health status, particularly regarding the physical/emotional demands of working at Equul Access, Inc. \_\_\_\_\_

Are you able to: (Circle Yes or No)

Walk for 60 minutes without fatigue? Yes No

Hold your arms above shoulder height and support moderate weight? Yes No

Jog for short distances? Yes No

What are your interests this year? [check all that apply]

- |   |  |
|---|--|
| <b>Program</b>  | <b>Administration</b>                      |
| <input type="checkbox"/> Horse handling               | <input type="checkbox"/> Public Relations  |
| <input type="checkbox"/> Sidewalking with a rider     | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Facility repairs or projects | <input type="checkbox"/> Fundraising       |
| <input type="checkbox"/> Volunteer coordination       | <input type="checkbox"/> Newsletter        |
| <input type="checkbox"/> Tack preparation             | <input type="checkbox"/> Website           |

Are you certified in CPR? Yes No Expires \_\_\_\_\_ First Aid? Yes No Expires \_\_\_\_\_

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in Equul Access, Inc.'s activities.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Legal Guardian if above is under 18